

## REQUEST FOR OVERSEAS SHIPMENT OF CARGO

~~SECRET~~

INSTRUCTIONS: CONTACT CARGO OFFICER BEFORE COMPLETING THIS FORM. CARGO OFFICER WILL ASSIGN IDENTIFICATION NUMBER BY PHONE WHEN NUMBER SHOULD APPEAR ON EACH UNIT OF YOUR SHIPMENT. FORWARD ORIGINAL COPY TO CARGO UNIT. RETAIN DUPLICATE.				CARGO NO. (SEE INSTRUCTIONS)	
TO: CHIEF, CARGO UNIT (NAME)				DATE	
FROM: AUTHORIZING OFFICIAL (NAME)	DIVISION	BUILDING	ROOM NO.	PHONE NO.	
NO. OF UNITS (CRATES, BOXES, ETC.) IF LARGE SHIPMENT ATTACH MANIFEST OR REQUISITION					
GENERAL CONTENTS FOR CUSTOMS AND CENSORSHIP				PACK'G OR CRAT'G REQUIRED	
				YES	NO
ADDRESS OF CONSIGNEE (INDICATE NAME AND DESTINATION OF SHIPMENT IN THE CLEAR)					
INDICATE WAREHOUSE OR OTHER PLACE MERCHANDISE WILL BE ACCUMULATED FOR CARGO UNIT TO SHIP					
REQUESTED IN LETTER DATED			REQUESTED IN CABLE NO.		
REMARKS:					
<div style="text-align: right;">_____ SIGNATURE OF AUTHORIZING OFFICIAL</div>					
<div style="text-align: right;">_____ SIGNATURE OF APPROVING OFFICIAL</div>					

FORM NO. 36-4  
SEP 1946~~SECRET~~

(1296)

(1780)

\_\_\_\_\_, 19\_\_\_\_  
(Good until)

(Bill to \_\_\_\_\_  
(Department and Bureau or Service)

Requests the \_\_\_\_\_ Company to furnish  
(Name of Traveler) \_\_\_\_\_ at lowest rate the following

from \_\_\_\_\_ to \_\_\_\_\_

via \_\_\_\_\_

TRANS- PORTATION		BERTHS		SEATS	STATEROOMS
		STANDARD	TOURIST		
CLASS	NUMBER OF PERSONS	UPPER	LOWER	UPPER	LOWER

\_\_\_\_\_ , 19\_\_\_\_  
(Place of issue)

\_\_\_\_\_  
(Signature of issuing officer)

Title \_\_\_\_\_

\_\_\_\_\_, 19\_\_\_\_  
(Place)

\_\_\_\_\_  
(Signature of traveler)

Title \_\_\_\_\_

VALUE,  
\$ \_\_\_\_\_

I certify that transportation has been furnished as above,  
except as noted on reverse hereof.

Authorization or object \_\_\_\_\_

Appropriation \_\_\_\_\_

\_\_\_\_\_

FORM NO. 34-15  
DEC 1946

MEMORANDUM COPY

FORM NO. 34.5  
JUN 1948

Approved For Release 2003/03/06 : CIA-RDP54-00177A000200030053-1  
**REQUEST FOR TRAVEL ORDER**

(To be used for all vouchered travel)

DATE

NAME	TITLE OR RANK	SERIAL NUMBER
OFFICE OR BRANCH	OFFICIAL STATION	OFFICE TELEPHONE
RESIDENCE ADDRESS	RES. TELEPHONE	

**ITINERARY:** (All temporary duty points must be specifically indicated.)

**JUSTIFICATION IN DETAIL:** General statements such as "Official business" or "Confidential purposes", etc., will not be accepted. If permanent change of station show name, age, and relationship of immediate family and estimated weight of household and personal effects.

<b>DURATION OF TRAVEL:</b> From _____ To _____	<input type="checkbox"/> Permanent Change <input type="checkbox"/> Temporary Duty	<b>IDENTIFICATION WITH CIA:</b> <input type="checkbox"/> Authorized <input type="checkbox"/> Not Authorized	<b>TRAVEL CONSIDERED:</b> <input type="checkbox"/> Routine <input type="checkbox"/> Secret
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<b>MODE OF TRAVEL:</b> <input type="checkbox"/> COMMON CARRIER <input type="checkbox"/> Airplane <input type="checkbox"/> Vessel * <input type="checkbox"/> PRIVATELY OWNED AUTOMOBILE	<input type="checkbox"/> GOVERNMENT TRANSPORTATION <input type="checkbox"/> Airplane <input type="checkbox"/> Vessel <input type="checkbox"/> Motor vehicle
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\*ALLOWANCE FOR PRIVATELY OWNED AUTOMOBILE RECOMMENDED ON FOLLOWING BASIS:

- ☐ (a) \_\_\_\_\_ cents per mile, not to exceed cost by common carrier.  
☐ (b) \_\_\_\_\_ cents per mile, as being more advantageous to the Government. Justify:

<b>PER DIEM RECOMMENDED:</b>	<b>ALLOTMENT ACCOUNT SYMBOL:</b>
<b>SPECIAL PROVISIONS:</b> (Such as excess baggage, extra fare train or plane, official courier designations, etc.) Define and justify:	

**APPROVALS**

**IN ALL CASES:**

1/

Signature of initiating official or travel sponsor

Title

Date

Signature of assistant director or staff chief

Title

Date

- ☐ PERMANENT CHANGE OF STATION  
(Sec. 1, P.L. 600)  
☐ TRAVEL TO FIRST POST OF DUTY ABROAD  
(Sec. 7, P.L. 600)  
☐ RETURN FROM POST OF DUTY ABROAD  
(Sec. 7, P.L. 600)

**OTHER APPROVAL:**

Signature

Title

Date

**FOR PERMANENT CHANGE OF STATION OR OVERSEAS TRAVEL:**

Signature of Chief, Personnel

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Date

1/ Send one copy to Transportation Div. and route original and one copy for approvals.

REQUEST FOR MOVEMENT  
OF FAMILY AND/OR HOUSEHOLD EFFECTS

Name of Employee	Title & Branch:
Present Official Station:	Station to which employee is being transferred:
Type of Funds from which Employee's Expenses will be paid: <input type="checkbox"/> Special <input type="checkbox"/> Vouchered	Approximate Date Employee is to start travel:
Movement of Family to be Requested (if "Yes," complete spaces below) <input type="checkbox"/> YES <input type="checkbox"/> NO	
Immediate Family for whom Transportation is Requested:	
<u>Name</u>	<u>Relationship</u>
Name, Address & Tel.No. of Person to be contacted in connection with movement:	
Approximate Date it is desired that Family be moved:	
Movement of Household Goods and Personal Effects Requested: (If "Yes", complete spaces below) <input type="checkbox"/> YES <input type="checkbox"/> NO	
Address and Location of Household Goods and Personal Effects:	
Name, Address & Tel. No. of Person to be contacted in connection with movement:	
Estimated Weight or General Description of effects to be moved: (If household goods, multiply number of rooms by 1000 to arrive at estimated weight)	
Approximate Date Movement is desired:	
REMARKS:	

(Signature of Employee)